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SEP 2 2-2005

FCC - MAILROOM

<u>Interstate Common Line Support (ICLS)</u> 2005 - 2006

Date	Sept. 13, 2005		
То:	Marlene H. Dortch Office of Secretary Federal Communications Commission 445 - 12th Street, SW		ICLS
	Washington, DC 20554	DOCKET F	FILE COPY ORIGINAL
	Karen Majcher Vice President of the High Cost and Low	Incomo Division	
	Universal Service Administrative Compa	ny	
	2000 L Street, N.W. Suite 200		
	Washington, D.C. 20036		
Re:	CC Docket No. 96-45		
Interstate Common Line Support - ICLS Annual Certification Filing			
This is to certify that Grandview Mutual Telephone Company will use its INTERSTATE COMMON LINE SUPPORT - ICLS only for the provision, maintenance and upgrading of facilities and services for which the support is intended.			
	rized to make this certification on behalf of the (s) listed below. (Please enter your Compan		
		ICLS	
	Company Name	State	Study Area Code
	Company Name Grandview Mutual Tele. C.		Study Area Code
		State	
	Grandview Mutual Tele. C.	State Illinois	341021
		State Illinois	341021
Signed,	Grandview Mutual Tele. C.	State Illinois	341021
an	Grandview Mutual Tele. C.	State Illinois t of additional study an	341021
[Signature	(If necessary, attach a separate list of Authorized Representative)	State Illinois t of additional study an	eas and check this box.)
[Signature Angela [Printed Na	(If necessary, attach a separate list of Authorized Representative) Tate ame of Authorized Representative]	State Illinois t of additional study an	eas and check this box.)
[Signature Angela [Printed Na	(If necessary, attach a separate list of Authorized Representative) Tate ame of Authorized Representative]	State Illinois t of additional study an	eas and check this box.)
[Signature Angela [Printed Na Treast [Title of Au Carrier's Na	(If necessary, attach a separate lise of Authorized Representative) Tate ame of Authorized Representative] arer thorized Representative] Name: Grandview Mutual Teleph	State Illinois t of additional study and Date: Sept.	eas and check this box.) 13. 2005 Date Received
[Signature Angela [Printed Na Treast [Title of Au Carrier's A Carrier's A	(If necessary, attach a separate list of Authorized Representative) Tate ame of Authorized Representative] are retricted Representative]	State Illinois t of additional study and Date: Sept.	eas and check this box.)

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